



Changes in Public Health Care Respond To Increasing Indiana Latino Population

State Epidemiologist Bob Teclaw, D.V.M. says that Indiana has experienced a 117 percent increase in the numbers of Latino residents during the 10 years between 1990 and 2000.

Officially, as reflected in the 2000 U.S. Census, Latinos now compose 3.5 percent of Indiana's population, numbering almost 215,000.



RITA ALCALA CARLOS, delivers bilingual assistance at Indiana Family Helpline, (800) 433-0746.

Photo by Daniel Axler

Cass County leads all Indiana counties in the percentage decennial increase in Latino population— up 1,163 percent.

Cass County Health Officer Richard Glendenning, M.D. says that immunizations have increased significantly, but the numbers are in no way straining the capacity of his county's health department. He says, Latinos are "a good and compliant population. We are not experiencing any problems." He adds that the county is also experiencing an increase in persons with a southeast Asian cultural heritage.

He notes that by definition a Latino is any individual from a Spanish speaking nation, including Costa Rico, Puerto Rico, Mexico, and other nations of Central and South America.

As for language barriers at the health department, Dr. Glendenning says, "Most persons arrive with either a translator or a family member (who speaks English) — someone that can help them." He adds, "Latinos are becoming good citizens."

With Indiana's low unemployment rate, jobs are available. The jobs that are plentiful but low-paying, like meat packing and food services, attract people with modest education and minimal English language skills.

Latinos filling these jobs are less likely to be insured or to be able to pay for health care services out of pocket and thus are prone to need public health services if they are to be served.

B.J. Isaccson-Chaves is executive director of the Indiana Primary Health Care Association, which administers funding for the Cass County Community Health Center. She says that clinic Director Lynne Clothier helps assure that staff are made aware of cultural issues by including consumer representatives from minority populations on the clinic's advisory board. Latinos, she says, are well represented.

The Latino population tends to be younger than the population as a whole. This means that public health programs will be structured with this in mind. For example, public health officials need to emphasize the importance of tobacco prevention programs for youth in the Latino community, along with cessation programs.

Gloria Webster-French, director of the ISDH Office of Cultural Diversity and Enrichment, points out that the Indiana Family Helpline, located at ISDH central offices in Indianapolis, provides Spanish speaking staff and translation services for

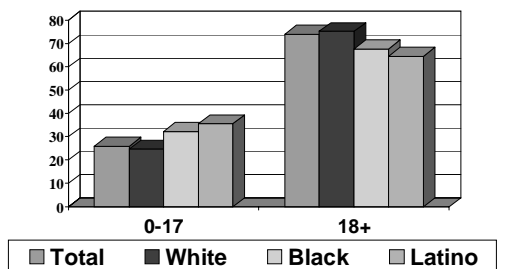


MOVING ON UP: The Indiana Latino population, by official count of the 2000 U.S. Census increased by 117 percent between 1990 and 2000, with the largest percentage increases experienced by the following counties: Cass (1163%); Jackson (811%); White (670%); Daviess (620%); and Crawford (525%). As a percentage of Indiana's total population Latinos increased from 1.8 percent to 3.5 percent over the 10 year period, growing by 116,000 persons to a total of almost 215,000.

assisting Latino callers to obtain appropriate health care services.

Mary Bisbecos, ISDH Family Helpline supervisor, says that staffer Rita Alcala Carlos is available from 8:00 a.m. to 2:30 p.m. daily. The remainder of the week, language services are provided under contract by AT&T.

Percent Population by age group
Indiana, 2000 census



Graph Courtesy of Susan Dorrell, ISDH Data Analysis

INDIANA'S YOUTHFUL LATINO POPULATION suggests emphasizing certain health education activities like tobacco use prevention and cessation.

Soldiers' and Sailors' Children's Home Provides Care for At-Risk Children

The Indiana Soldiers' and Sailors' Children's Home, located in Knightstown, provides residential care, maintenance, and educational opportunities for at-risk youth. The home provides services and programs including life and social skills training, academic and vocational opportunities, interpersonal functioning, and personal development. The home was founded in 1865 by Governor Oliver P. Morton for orphaned children of Hoosier civil war military casualties.

Some 11,000 children have received year-round comprehensive services, activities, and programs. The educational programs include curriculum for academic and vocational students.

The Indiana Soldiers' and Sailors' Children's Home graduated 13 students in 2000, and trained several others for the workforce through specialized vocational programs.

The home operates under ISDH administrative purview. For admission information call 800-896-7113, extension 242.

CONTRASTS: Old and new buildings at the Soldiers' and Sailors' Children's Home are illustrated in these striking architectural photos taken by ISDH photographer Daniel Axler. Buildings date from the post-civil war era to the 1990s. Photos include a Romanesque style entry portico on the administration building (above); residence halls (top right and the two photos below, illustrating their tranquil setting); the recreation building (right); the windowed walls of the back of the administration building contrasted with the graphic pattern of a fire escape (below right); and the entrance facade of the administration building (bottom right).



Plate Choice Can Produce Dramatic Change in Caloric Intake

How many of us have heard the admonition of our parents not to waste food? The parental advice of yesteryear, "Clean up your plate; finish your dinner," has probably helped condition many adults to eat all the food that's put on their plates today.

There is also a psychological tendency not to fill a plate partially when a meal is served. Doesn't a half-filled plate smack of stinginess? So we fill it up.

According to Judy Rose, director of the ISDH Community Nutrition Program, one way to reduce calories may be simply to be aware of the size and design of the plate on which we choose to serve food. "We can eat a balanced diet, with healthy low-fat, high-fiber food, and still lose control of body weight by eating too much of good things."

Rose says that plate selection can help lead to weight control. To assure better health, she suggests that it may be worthwhile to consider whether or not we could benefit from replacing our everyday dishes.

A sharply raised rim on a dinner plate, she says, encourages placing food only on the recessed area.

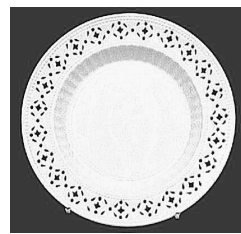
Rimless plates such as melamine plastic ware or the ever-popular, durable Correlle tempered-glass dishes, with their gentle transition between rim and food area, present larger areas for the placement of food – in contrast to rimmed plates.

For example, a 10-inch melamine rimless plate offers a 35 percent greater area for the placement of food than the larger 11-inch plate with its generous rimmed border.

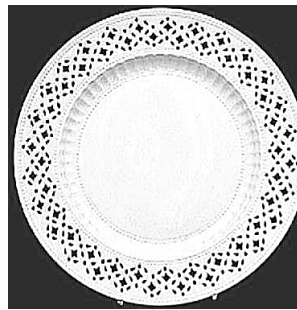
In an apples-to-apples comparison, an 11-inch rimless plate when filled, allowing for a 1/2 inch border, holds approximately twice as much food as an 11-inch (illustrated) rimmed plate.

In choosing a rimmed plate, there are also benefits to be considered in using the smaller sized models. By replacing an 11-inch rimmed plate with a smaller 8 3/4-inch version, 45 percent less food is needed to completely fill the smaller plate.

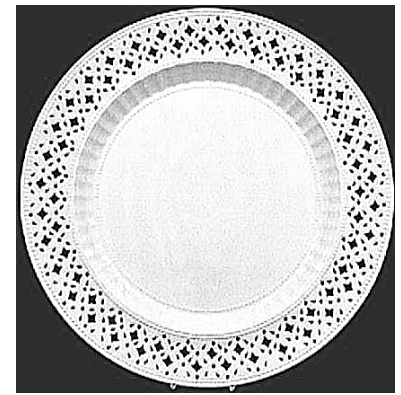
The bottom line for calorie reduction, says Rose, is that rimmed plates are better than rimless, and smaller



6 1/2 inch bread plate



8 3/4 inch dinner plate



11 inch rimmed dinner plate



10 inch "rimless" dinner plate

food area
is 11 sq.
inches

food area
is 26 sq.
inches

food area
is
47 square inches

food area
is
64 square inches

LESS IS MORE: When full, the smaller 10-inch rimless plate (above left) holds 35% more food than the larger 11-inch rimmed plate (top right). According to Judy Rose, most people are conditioned to fill plates with food and to eat all on their plates. One secret to reduce overeating is to use plates holding less food by using rimmed, rather than rimless, and smaller, rather than larger plates. Both measures tend to support both the psychological satisfaction of enough food and less calories.

plates are better than larger.

With the right-sized plate we can fill it up, eat every bite, come away feeling as psychologically satisfied as if we had eaten a larger meal, maintain lower body weight, feel better, and avoid the health risks of being overweight with its increased probability of diabetes, heart disease, and stroke.

JUDY ROSE, ISDH Community Nutrition Program, says that eating right not only includes the right choice of foods but also right sized portions. "Serving food on well-designed plates can make a big difference."

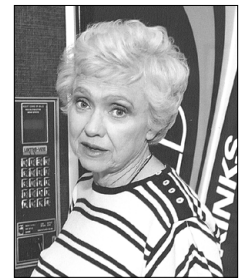


Photo by Daniel Axler

ISDH Issues Annual Tuberculosis Report

Here are some of the highlights in the 2000 Tuberculosis (TB) Report for Indiana, issued last week in time for World TB Day:

- Although TB is at an all-time low in Indiana, 145 new cases were reported in 2000.
- Over the five-year period ending in 2000, an average of 19 people a year died with TB in Indiana; 22 died in 2000.
- Persons whose country of origin was other than the United States accounted for 34 of the 145 cases of TB in Indiana last year.
- Less than 5 percent of the TB cases reported in Indiana last year were resistant to one of the anti-tuberculosis drugs. None of the cases last year was multi-drug resistant TB.

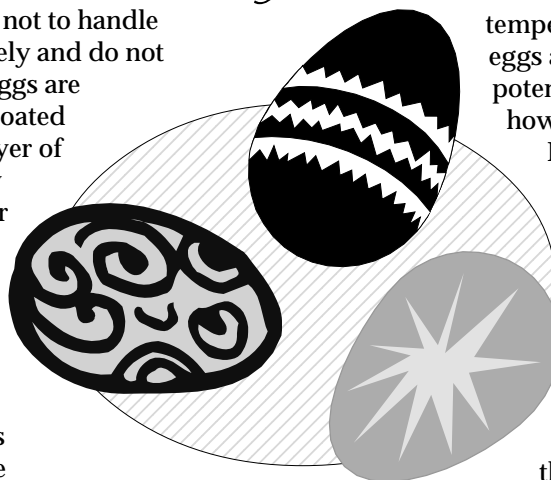
Easter Egg Fun... and Safety

Spring is officially here, and Easter is just around the corner. Coloring eggs is a very old tradition, which predates Christianity. Early peoples celebrated the return of the sun in spring by dyeing eggs, a symbol of life. Your family may enjoy this traditional activity in the next couple of weeks.

We now know, however, that some eggs are contaminated with *Salmonella enteritis*, a bacterium that causes foodborne illness. There are rules for handling and coloring eggs that should be followed in order to avoid illness. First, buy only eggs that are clean, with no breaks or cracks in the shell. They should be stored in a refrigerator at 45 degrees Fahrenheit. Eggs are a potentially hazardous food item, along with meat, poultry, fish,

and milk. Try not to handle eggs excessively and do not wash them. Eggs are washed and coated with a thin layer of mineral oil by the distributor to protect them from bacterial contamination. Washing them removes this protective coating.

To hard boil eggs, place them in a pan of room temperature water and bring to a rolling boil, then reduce the heat to a simmer for 15 minutes. They can be cooled in cold water or at room



temperature. Air-cooled eggs are not considered potentially hazardous; however, the American Egg Board recommends they be refrigerated to ensure bacteria will not grow. Use only food safe dyes to color eggs, and do not color or hide eggs that are cracked.

When hiding eggs, avoid areas where they will come into contact with pets, wild animals or birds, or lawn chemicals. Egg suppliers now offer precooked eggs, which are dyed or plain, and are resin coated for extra protection. Some manufacturers also offer eggs that have been pasteurized in the shell. Raw eggs that have been blown, in order to use the shell for dyeing, may be used in cooking.

It is best to refrigerate hard cooked eggs within two hours after using them for hunts or decoration. If eggs are used for a decoration for more than two hours, they should be discarded. *Salmonella* has been shown to survive in eggs even after boiling. Eggs should always be cooked thoroughly before eating, and raw or undercooked eggs should never be served to children or elderly people.

— Tara Renner

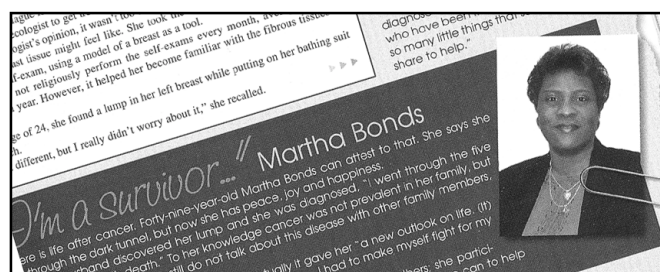
ISDH Staffer Featured Among Breast Cancer Survivors in *Indianapolis Woman*

Martha Bonds, program director in the Office of Minority Health, and member of the ISDH Indianapolis Race for the Cure 2001 organizing committee, is featured in the April *Indianapolis Woman*

magazine cover story on breast cancer survivors. Her comments are among those of 12 women and one man who have survived breast cancer.

The story appears in a special 24-page section of *Indianapolis Woman*, a "2001 Breast Cancer Handbook" that discusses early detection, self-exam guidelines, and a variety of relatively new treatment options including Herceptin, hormone therapy, and sentinel node biopsy, in addition to mastectomy/lumpectomy, chemotherapy, and radiation.

In an "I'm a Survivor," side-bar, Bonds says she went through a dark

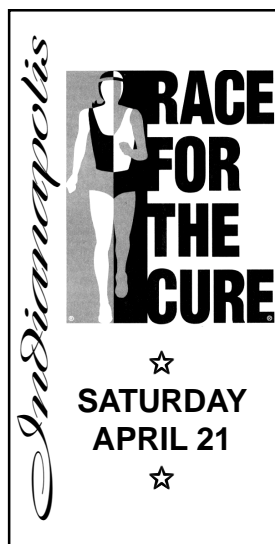


SIDE-BAR in April *Indianapolis Woman* features Martha Bonds' story.

tunnel, stating that, at first the disease "controlled me," but led her to fight for her life and "to thank God I was alive."

The struggle, the article says, has resulted in her participation in research projects involving breast cancer survivors, in counseling other women, and in other efforts supporting the search for a cure for breast cancer.

The handbook was produced with the support of major area hospitals, a bank, a radio station, and the Susan G. Komen Indianapolis Race for the Cure organizing committee.



Indiana State Department of Health **Express**

The *Indiana State Department of Health Express* is a bi-weekly publication for ISDH employees and stakeholders. To submit news items, call (317) 233-7336 or send information to: ISDH Express, Office of Public Affairs, 2 N. Meridian St., Section 2E, Indianapolis, IN 46204-3003. Inquiries should be directed to:

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Brown County To Showcase Clinic at Open House April 23

Brown County's nurse-managed clinic, known locally as the "Log Cabin," is holding an Open House on April 23, from 4 p.m. to 7 p.m. When the clinic started in 1996, it rotated staff and equipment among county schools. Clinic hours were scheduled late in the afternoon, but only after space became available following departure of the students.

The clinic finally found a needed permanent home during October 2000 in the log structure on route 135 in Bean Blossom, across from McDonald's grocery.

According to Joyce Krothe, clinic project director, the open house will showcase the facility, staff, and services now available to county residents. Besides local residents, representatives of current and potential funding sources backing the clinic have been invited to drop by for a visit. Among clinic supporters and funders are the Brown County Foundation, the Brown County Commissioners, Brown County Health Council, Bloomington Hospital, Columbus Regional Hospital, the Community Closet, the local ministerial association, state legislators, ISDH staff, and other local philanthropic groups.

Krothe is director of the Indiana University School of Nursing on the Bloomington Campus, one of eight such I.U. units in Indiana. She brings considerable resources to bear in support of the clinic from the School of Nursing in addition to her own involvement in planning and management oversight of the clinic. During the clinic's formative stages, she arranged to transport the I.U. Center for Planning & Policy Studies' portable computer laboratory to Brown County so that clinic advisory board members could develop, interactively, a broadly supported strategic plan for the clinic. The plan was created using

input from the Community Advisory Board, which has been instrumental in clinic planning and implementation activities.

University support of the clinic also comes from I.U. baccalaureate-degree student nurses. They participate, as part of their course work in clinical experience, on at least one day per week at the clinic. They become aware of client needs and the significance of the clinic in providing access to health care services otherwise limited or unavailable for rural residents who are uninsured or under insured.

Office hours at the log cabin location are from noon to 6 p.m. on Tuesdays, and from 9 a.m. to 2 p.m. on Thursdays. At mid-afternoon on Thursdays, the clinic moves equipment and services to the Van Buren Elementary School at Stone Head in the southern part of the county. Hours there are 4 p.m. to 7 p.m.

All patrons of the clinic are expected to pay something toward their care; a \$2 - \$10-per-visit payment sliding scale is in place for those with limited income.

Krothe says that clinic staff are excellent, dedicated personnel who love their work. The staff consists of two health care professionals: family nurse practitioner Gary Schepper and community health nurse Marilyn McAttee, supported by three community health workers, Judy Swift, Cathy Cale, and Kelly Morse, who rotate so that one is present during office hours. The community health workers come from the local community and, according to Krothe, "are there to make our clients comfortable." The local health workers provide receptionist, record-keeping, and scheduling services for the clinic.

"Many of our clients say the cabin is comfortable and homey," Krothe says. "A lot of these people have dealt with

a system that hasn't been user friendly to them in the past, maybe because they couldn't pay and they've been hounded by somebody, or when they've shopped (for health care services), they've been told they should have come long ago."

Krothe says the clinic's goal is to make clients comfortable so they'll come back and receive services to keep themselves healthy.

Currently, the log cabin clinic is divided into three spaces: an entry reception area with a divider screen, behind which blood pressure readings are taken; a waiting room behind the reception room where health-related video tapes are run for clients; and a separate examining room, with a door that closes, offering privacy.

Patients are encouraged to make appointments, Krothe says, but walk-ins are accepted.

Clinic staff are involved in a number of other services provided outside of clinic hours, like special cholesterol screening days, and the paperwork intensive "needy-meds" program, which Krothe says provides reduced cost or free medicines from participating pharmaceutical companies.

The clinic has memorandums of understanding with both Bloomington Hospital and Columbus Regional Hospital, both of which accept clients for additional diagnostic and lab testing when screened by the clinic.

The community has been broadly represented on the clinic's Advisory Board, which has included representatives from local real-estate firms, the sheriff's department, a bank, public school nurses and administrators, local offices of the Council on Aging, the Family and Children agency, and clients of the clinic.

April 3 Is Declared "Dr. Plain Day" in South Bend

For more than 66 years, George B. Plain, M.D. has been involved with health issues following his start to practice medicine in 1934.

April 3 has been declared "Dr. George B. Plain Day" in South Bend by proclamation of Mayor Stephen Luecke.

State Health Commissioner Gregory A. Wilson, M.D. has added to Dr. Plain's recognition with the presentation of the State Health Commissioner's Award.

Dr. Plain has served for twenty-three years on the St. Joseph County Board of Health. His background on the Health Board served to prepare him for the position of Health Officer when it became vacant in 1984. He agreed to take the job temporarily, but after six weeks his enthusiasm for public health and safety compelled him to stay on for the next sixteen years.

Dr. Plain started college at the age of 16 and served his internship and residency at the Henry Ford hospital in Detroit. He became chief resident there after only six years. He worked in a group practice in Detroit until 1942. He credits his ability to straighten out problems with common sense and the good training he received at the Ford Hospital.

In the midst of World War II, Dr. Plain arrived in South Bend in June of 1942 to join the staff of the South Bend Clinic. His stay was a brief few weeks before being drafted for duty with the Army Medical Corps. The army assigned him to help develop a new hospital to take overseas. He traveled with the hospital to New Guinea where he became the commanding officer of the 128th Station Hospital. His sojourn there was brief as well. Shortly, he was moved to a 3,000-

patient general hospital in Manila in the Philippine Islands.

Toward the end of the war, he was promoted to assistant surgical consultant for the Western Pacific theater, touring and consulting with staff at



GEORGE B. PLAIN, M.D.

Photo by Daniel Axler

the region's general hospitals. When he returned stateside, he served as chief of surgery at the Mary Gardiner Hospital in Chicago, Illinois until the Spring of 1946 when he and his wife Doris returned to South Bend and employment at the South Bend Clinic.

Demand for services at the clinic grew and by the 1960's it was clear that the clinic had outgrown its cramped quarters at N. Lafayette Boulevard, where it had been since its founding in 1916.

In addition to Dr. Plain's surgical duties, he served as chairman of the building committee. The committee planned and oversaw construction of a new building in preparation for the clinic's move in 1966 to its current location at LaSalle Avenue and Eddy Street.

Two years after returning from the Army, Dr. Plain was elected president of the Clinic's Board of Trustees. During these years, Dr. Plain's family was growing.

As a family man, the doctor has been noted as being a loving father and as a devoted grandfather and great-grandfather.

He did not let falling and breaking a hip, which led to his first retirement in 1974, stop him from making his rounds, checking on other patients.

His community focus has led to his affiliation with a number of organizations and projects including the Boy Scouts, which led him to serve on the board of the United Fund that later merged with the Community Chest to become the United Way.

He chaired the United Way committee that in 1961 recommended creation of a county-wide health system. Dr. Plain has been active with the St. Joseph County Cancer Society.

Dr. Plain has been noted for his determination to always keep himself and his office accessible to the public and to his employees.



Indiana State Department of Health **NewsLink**

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